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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	K35A0617	Total Pages	
	First Named Inventor or Application Identifier			
	MICHAEL K. ENEBOE			
	Express Mail Label No.	EI266879758US		

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 21] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 9] ___ Formal ___X_ Informal</p> <p>4. Oath or Declaration [Total Pages]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS

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|-----------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 8. <input type="checkbox"/> | Assignment Papers (cover sheet & document(s)) |
| 9. <input type="checkbox"/> | 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee) |
| 10. <input type="checkbox"/> | English Translation Document (if applicable) |
| 11. <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| 12. <input type="checkbox"/> | Preliminary Amendment |
| 13. <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) |
| 14. <input type="checkbox"/> | Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired |
| 15. <input type="checkbox"/> | Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| 16. <input type="checkbox"/> | Other: _____ |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____/_____

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

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or ☒ Correspondence address below

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	Milad G. Shara, Esq. - Reg. 39,367					
ADDRESS	8105 IRVINE CENTER DRIVE					
	PLAZA 3					
CITY	IRVINE	STATE	CALIFORNIA	ZIP CODE	92618	
COUNTRY	U.S.A.	TELEPHONE	(949) 932-5676	FAX	(949) 932-5633	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL		Complete if Known	
<i>Note: Effective October 1, 1997. Patent fees are subject to annual revision.</i>		Application Number	UNKNOWN
		Filing Date	HEREWITH
		First Named Inventor	MICHAEL K. ENEBOE
		Group Art Unit	UNKNOWN
		Examiner Name	UNKNOWN
		Attorney Docket Number	K35A0617
TOTAL AMOUNT OF PAYMENT	(\$) 690		

<p style="text-align: center;">METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 23-1209</p> <p>Deposit Account Name: WESTERN DIGITAL CORPORATION</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>101 690</td> <td>201 345</td> <td>Utility filing fee</td> <td style="text-align: right;">690.00</td> </tr> <tr> <td>106 310</td> <td>206 155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 480</td> <td>207 240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 690</td> <td>208 345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$) 690.00</td> </tr> </tbody> </table> <p>2. CLAIMS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>19</td> <td>-20 = 0</td> <td>X 18 = 0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>3</td> <td>-3 = 0</td> <td>X 78 = 0</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">0</td> </tr> </tbody> </table> <p>Large Entity Small Entity</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Code (\$)</th> <th style="text-align: left;">Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 78</td> <td>202 39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109 78</td> <td>209 39</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">(\$) 0</td> </tr> </tbody> </table>	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			101 690	201 345	Utility filing fee	690.00	106 310	206 155	Design filing fee		107 480	207 240	Plant filing fee		108 690	208 345	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1)			(\$) 690.00	Total Claims	Extra	Fee from below	Fee Paid	19	-20 = 0	X 18 = 0	0	3	-3 = 0	X 78 = 0	0				0	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 78	202 39	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim		109 78	209 39	Reissue independent claims over original patent		110 18	210 9	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$) 0	<p style="text-align: center;">FEE CALCULATION (continued)</p> <p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Milad G. Shara, Esq.	Reg. Number	39,367
Signature		Date	7/19/00
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